

## IMPORTANT INFORMATION ABOUT YOUR BENEFITS

**TO:** All Eligible Employees

**FROM:** Charlene D. Scott, Benefits Administrator

**SUBJECT:** **INSURANCE FOR 2009-2010**

**DATE:** May 7, 2009

Our group health and dental insurance will renew on July 1, 2009 with no change in your benefits. The School Board contribution will increase to cover the additional costs of both your health plan (if you are enrolled in the \$1,500 or \$2,500 deductible plan) and dental plan. Those of you who are enrolled in the \$500 deductible plan will experience an increase in the cost of your coverage. Please see the attachment for the **Monthly** rates for Piedmont Community Health Plan and Delta Dental.

**If you are not currently participating in our group plan and would like to enroll, your application must be received by the Payroll Department no later than June 15, 2009. If you wish to change your coverage option, add or delete family members, or withdraw from the plan, your application must be received by the Payroll Department no later than June 15, 2009.**

The School Board offers the following choices for hospitalization insurance:

- Piedmont Community Health Plan (PCHP) - \$500 deductible (\$25 Co-pay)
- Piedmont Community Health Plan (PCHP) - \$1,500 deductible (\$25 Co-pay)
- Piedmont Community Health Plan (PCHP) - \$2,500 deductible (\$25 Co-pay)

We have scheduled a meeting, for those of you who have questions about your plan or want to meet the vendors, on **June 8, 2009 at 2 PM** in the BSTC Auditorium. Present will be representatives from PCHP, and our Health Savings Account representative. **Anyone interested in enrolling in the \$2,500 deductible plan is required to be present at this meeting.**

Health Risk Assessments will continue to be offered to those of you who wish to participate in the upcoming school year (2009-2010). Sign up sheets and information about the assessments will be available at your school on the first day that you return from the summer break. **Should you elect NOT to participate with the Health Risk Assessments, you will be charged an additional \$25 per month for your health insurance.**

If you have questions about the insurance program, please do not hesitate to contact me at 586-1045 ext 269 or email me at [cscott@bedford.k12.va.us](mailto:cscott@bedford.k12.va.us).